

**UNITED STATES DISTRICT COURT**  
**DISTRICT OF ALASKA**

South Peninsula Hospital, et al.

Plaintiff(s),

vs.

Xerox State Healthcare, LLC

Defendant(s).

Case No. 3:15-cv-00177-TMB

MOTION AND APPLICATION OF  
NON-ELIGIBLE ATTORNEY FOR  
PERMISSION TO APPEAR AND  
PARTICIPATE IN THE  
UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF ALASKA

To the Honorable Judge of the above-entitled court:

I, Ravi S. Deol , hereby apply for permission to appear and  
(name)  
participate as counsel for Xerox State Healthcare, LLC , Defendant ,  
(Name of party) (plaintiff/defendant)  
in the above-entitled cause pursuant to Rule 83.1 (d) of the Local Rules for the United States  
District Court, District of Alaska.

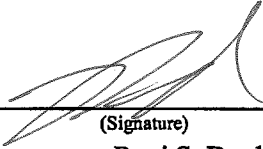
I hereby apply for permission to appear and participate as counsel WITHOUT  
ASSOCIATION of local counsel because [check whichever of the following boxes apply, if  
any]:

- ☐ I am a registered participant in the CM/ECF System for the District of Alaska and consent  
to service by electronic means through the court's CM/ECF System.
- ☐ I have concurrently herewith submitted an application to the Clerk of the Court for  
registration as a participant in the CM/ECF System for the District of Alaska and consent  
to service by electronic means through the court's CM/ECF System.
- ☐ For the reasons set forth in the attached memorandum.

OR

I hereby designate Jennifer M. Coughlin, a member of the Bar of this court,  
(Name)  
who maintains an office at the place within the district, with whom the court and opposing  
counsel may readily communicate regarding conduct of this case.

DATE: 11/12/15

  
(Signature)  
Ravi S. Deol  
(Printed Name)

1717 Main St., Suite 2800  
(Address)

Dallas, TX 75201  
(City/State/Zip)

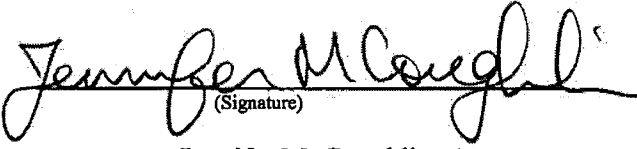
214-939-5500  
(Telephone Number)

ravi.deol@klgates.com  
(e-mail address)

Consent of Local Counsel\*

I hereby consent to the granting of the foregoing application.

DATE: November 11, 2015

  
(Signature)  
Jennifer M. Coughlin  
(Printed Name)

420 L Street, Suite 400  
(Address)

Anchorage, AK 99501-1971  
(City, State, Zip)

907-276-1969  
(Telephone)

(\*Member of the Bar of the United States District Court for the District of Alaska)

DECLARATION OF NON-ELIGIBLE ATTORNEY

Full Name: Ravinder S. Deol

Business Address: 1717 Main St., Suite 2800, Dallas, TX 75201  
(Mailing/Street) (City, State, ZIP)

Residence: (Mailing/Street) (City, State, ZIP)

Business Telephone: 214-939-5500 e-mail address: ravi.deol@klgates.com

Other Names/Aliases:

Jurisdictions to Which Admitted and year of Admission:

Eastern District of Texas (Jurisdiction)	300 Willow St., Rm 104, Beaumont, TX 77701 (Address)	2013 (Year)
Northern District of Illinois (Jurisdiction)	5219 S. Dearborn St., Rm 2050, Chicago, IL 60604 (Address)	2013 (Year)
(Jurisdiction)	(Address)	(Year)
(Jurisdiction)	(Address)	(Year)

Are you the subject of any pending disciplinary proceeding in any jurisdiction to which admitted?

Yes ☐ No ☒ (If Yes, provide details on a separate attached sheet)

Have you ever been suspended from practice or disbarred in any jurisdiction to which admitted?

Yes ☐ No ☒ (If Yes, provide details on a separate attached sheet)

In accordance with D.AK. LR 83.1(d)(4)[A](vi), I certify I have read the District of Alaska local rules by visiting the court's website at <http://www.akd.uscourts.gov> and understand that the practices and procedures of this court may differ from the practices and procedures in the courts to which I am regularly admitted.

A Certificate of Good Standing from a jurisdiction to which I have been admitted is attached.

Pursuant to 28 U.S.C. §1746, I hereby declare under penalty of perjury that the foregoing information is true, correct, and accurate.

Dated: November 12, 2015



(Signature of Applicant)